

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS187AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2009
NAME OF PROVIDER OR SUPPLIER FOREDAWN GUEST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7711 FOREDAWN DRIVE LAS VEGAS, NV 89123		
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Y 000	<p>Initial Comments</p> <p>Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation initiated on 10/23/09 and concluded on 10/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>Complaint #NV00023437 was substantiated. See Tags Y085, Y176, Y178 and Y524.</p>	Y 000		
Y 085 SS=F	<p>449.199(1) Staffing-CG on duty all times</p> <p>NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.</p>	Y 085		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview on 10/28/09, the administrator failed to ensure there was a qualified caregiver in the home at all times. Findings include: Employee #2 stated her son would stay with the residents one to two times a month for approximately two hours while she and her husband ran errands or went to church. Employee #2 stated she did not have a file for her son and that he did not have evidence of meeting the requirements as a caregiver. Resident #2 and #3 both reported the owner's son would come to the facility approximately once a month when Employee #1 and #2 would leave the facility. Severity: 2 Scope: 3	Y 085		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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Y 103	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/28/09, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 - no documentation of an annual TB test.) Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/28/09, the facility failed to ensure 1 of 3 employees met background check requirements (Employee #3 - no documentation of state and FBI checks and a signed criminal history statement.) Severity: 2 Scope: 2	Y 105		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents	Y 176		

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Y 176	Continued From page 3 NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/28/09, the facility failed to keep the facility free from insects and rodents as spiders were observed in the family room next to the fish tank and in the hallway closet near the front door. Flies were observed flying around the kitchen. Severity: 2 Scope: 3	Y 176		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/28/09, the facility failed to ensure the premiss were clean and well maintained. Findings include:	Y 178		

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Y 178	Continued From page 4 <ul style="list-style-type: none"> * The pantry doors in the kitchen were splattered with food and dust. * The countertops in the kitchen were dirty with crumbs and dried food. * The top of the microwave and top of the refrigerator in the kitchen were covered in dust. The dust extended up the wall behind the refrigerator and onto the ceiling. * Grease was splattered on the cabinets on either side of the stove. * The interior of the stove was dirty and had rust spots. * The front of the refrigerator in the kitchen was dirty. * The interior of the refrigerator and freezer located in the kitchen was dirty. * The interior of the refrigerator and freezer located in a room just off the kitchen were dirty. * The backslash tiles behind the oven were covered in grease. * Spices were spilled in a cabinet to the left of the stove. * Crumbs were observed in the kitchen cabinets. * The tile floor in the kitchen was dirty and the grout was black. * The kitchen drawers were observed to have crumbs in them. * The screen on the sliding glass door leading to the backyard was ripped. * The sliding glass door leading to the backyard was difficult to open. * Spider webs were observed in the family room, in the front hall closet, and over the front door. * A fish tank was observed next to the sliding glass door filled with water that was green and had debris in it. * Lint was observed behind the dryer. * The top of the door frames throughout the 	Y 178		

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Y 178	Continued From page 5 house were covered in dust. * The plant shelves in the family room had dust on them. * The bathroom off the kitchen was dirty with dried urine near the toilet, spider webs on the window, the sink and glass mirror were dirty. * The girls bathroom had mold in the shower and dried urine near the toilet. * The bathroom located in Bedroom #4 had a dirty shower and the toilet seat needed to be repainted or replaced. * The fan located in Bedroom #3 was covered in dust. * The closet doors in Bedroom #3 were off their tracks. * The emergency light in the hallway near the front door failed to work. * Three patches on the wall in Bedroom #5 that were not painted. Severity: 2 Scope: 3	Y 178		
Y 321 SS=E	449.220(2)(a)(b) Bedroom Doors - Single Motion Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times.	Y 321		

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Y 434	Continued From page 7 NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/28/09, the facility did not ensure that monthly evacuation drills were conducted for the past 5 of 12 months (May, June, July, August and September of 2009). This was a repeat deficiency from the 12/4/08 State Licensure survey. Severity: 2 Scope: 2	Y 434		
Y 444 SS=E	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/28/09, the facility did not ensure smoke detectors were tested 6 out of the past 12 months (April, May, June, July, August and September of 2009).	Y 444		

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Y 444	Continued From page 8 This was a repeat deficiency from the 12/4/08 State Licensure survey. Severity: 2 Scope: 2	Y 444			
Y 524 SS=E	449.259(3)(a) Supervision of Residents NAC 449.259 3. The employees of a residential facility shall: (a) Treat each resident in a kind and considerate manner. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview on 10/23/09 and 10/28/09, and observation on 10/28/09, the facility failed to ensure the residents and mental health employees were treated in a kind and considerate manner by 1 of 3 employees (Employee #1). Severity: 2 Scope: 2	Y 524			
Y 878 SS=H	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by	Y 878			

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Y 878	<p>Continued From page 9</p> <p>the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276</p> <p>Based on record review and interview on 10/28/09, the facility failed to ensure that 4 of 8 residents received medications as prescribed (Resident #1, #3, #7, and #8).</p> <p>Findings include:</p> <p>Resident #1 was prescribed:</p> <ul style="list-style-type: none"> * Metoprolol 50 milligrams (mg), one tablet by mouth twice a day. The October 2009 medication administration record (MAR) documented the resident received Metoprolol 50 mg 1/2 tablet by mouth every day. * Perphenazine 8 mg, three tablets by mouth every evening. The October 2009 MAR documented the resident received Perphenazine 8 mg, one tablet by mouth in the morning and two tablets by mouth in the evening. * Colace 100 mg, two tablets by mouth every day. The resident refused this medication since 10/20/09 and the resident's physician was not notified. <p>Resident #3 was prescribed:</p> <ul style="list-style-type: none"> * Metolazone 5 mg, 1/2 tablet by mouth every day. The October 2009 MAR documented the 	Y 878		

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Y 878	Continued From page 10 resident received 1/2 tablet on even days. Employee #2 stated she administers this medication only on even days. Resident #7 was prescribed: * Invega 6 mg, one tablet by mouth in the morning. The facility failed to have this medication on site. * Benztropine 1 mg, tablet by mouth at bedtime. The October 2009 MAR documented the resident received one tablet by mouth in the morning. Employee #2 stated she administers this medication in the morning instead of at bedtime. * Zantac 150 mg, one tablet by mouth every day. The facility failed to have this medication on site. * Hydroxyzine 50 mg, one tablet by mouth every eight hours as needed. The October 2009 MAR documented the facility administers this medication every eight hours on a routine basis versus "as needed". The facility also did not have this medication available on site the day of the survey. Employee #2 stated all medications for Resident #7 would be picked up from the pharmacy 10/28/09 in the afternoon. Resident #8 was prescribed: * Lisinopril 10 mg, one tablet by mouth every day. Employee #2 stated resident has not taken this medication since the beginning of October. The facility failed to have a discontinue order for the medication on site. Severity: 3 Scope: 2	Y 878			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742	Y 883			

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Y 883	Continued From page 11 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 10/28/09, the facility failed to notify the physician within 12 hours of a refused dose for 2 of 8 residents (Resident #1 and #8). Findings Include: Resident #1 was prescribed Colace 100 milligrams (mg), two tablets by mouth every evening. Employee #2 stated Resident #1 has refused to take Colace since 10/20/09 and the physician has not been notified. Resident #8 was prescribed Lisinopril 10 mg, one tablet by mouth every day. Employee #2 stated Resident #8 stopped taking Lisinopril at the beginning of October, the physician has not been notified. Severity: 2 Scope: 1	Y 883			
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the	Y 885			

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Y 885	Continued From page 12 medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/28/09, the facility failed to ensure expired or discontinued medications for 4 of 8 residents (Resident #2, #3, #6 and #7), and 9 discharged residents were destroyed. Employee #2 stated she keeps the medications to use as a back up in case a resident runs out of their medication. Severity: 2 Scope: 3	Y 885			
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered;	Y 895			

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Y 923	Continued From page 14 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 10/28/09, the facility failed to keep medications belonging to 8 of 8 residents in their original container (Resident #1, #2, #3, #4, #5, #6, #7 and #8). Findings include: Evening medications for 8 of 8 residents were found pre-poured in individual cups in the medication cabinet. Employee #2 stated she prepares medications for the residents the night before for the next day. Severity: 2 Scope: 3	Y 923			
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by:	Y 930			

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Y 930	Continued From page 15 Surveyor: 28276 Based on observation on 10/28/09, the facility failed to ensure the files for 8 of 8 residents were kept in a locked place. The facility failed to ensure the filing cabinet was locked during the survey. Severity: 1 Scope: 3	Y 930			

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